

REQUEST FOR PATENT FEE REFUND

10/518173

1 Date of Request: \_\_\_\_\_

2 Serial/Patent # \_\_\_\_\_

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

<input checked="" type="checkbox"/>	Filing	1	12/10/04	\$ 100
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

7 TOTAL AMOUNT  
OF REFUND

\$ 100

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

0 2--4 8 0 0

10 REASON:

☒ Overpayment

☐ Duplicate Payment

☐ No Fee Due (Explanation): \_\_\_\_\_

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A. Johnson

TITLE: paralegal

SIGNATURE: A. Johnson

PHONE: 308-9140

OFFICE: PCT

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THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: